

amaurosis and the subsequent derangement to the inhalation of one of these agents—I did not understand which.

“Several other cases have come to my notice, in which the inhalation of anæsthetics seemed to produce similar constitutional effects. They were not my own patients, and I could not get access to well-authenticated facts in relation to them.

“These facts have made upon my own mind the impression that these agents should be regarded as remedies of great potency, and not always certain to produce none but salutary effects; that they should not, if possible, be administered to persons subject to local determination, or where their antecedents offer reason to apprehend derangement; that their use should be avoided in persons of extremely nervous temperament, or for any cause of nervous susceptibility.

“We have the authority of eminent men, in Europe and in this country, whose experience in the use of these agents has been very extensive, in favour of their usefulness and safety. Still, these gentlemen have committed themselves in favour of what may be regarded as their hobby, without being chargeable with any want of respect, and the experience of others does not justify fully their opinions with regard to their entire safety.

“If cases of dying do *sometimes* occur in the lying-in chamber and on the operating-table—if debility, hepatic congestion, neuralgia, apoplexy, and mania do *sometimes* follow their use—it would appear proper that he who would deserve a reputation for wisdom and discretion should be quite certain that the severity of the case demands a *somewhat hazardous* remedy. Chloroform furnishes most valuable assistance in the operations of surgery and the lying-in chamber. With no disposition to undervalue it, and far less to treat lightly the valuable statistical evidence furnished by Professor Channing, of Boston, and Professor Simpson, of Edinburgh, of its comparative safety when carefully employed, I cannot believe that its employment to relieve the pangs of *ordinary confinement*, or to allay the pain of a trifling operation, is wise or expedient. If in my comparatively limited experience three cases should come under my observation within about two years, others, situated more advantageously, could note many such cases, if looked for. To record the result of my observations, and to prompt abler observers to look in the same direction, is the whole of my present purpose.

“While writing the concluding pages of this article, I have been called to administer chloric ether in a case of amputation of the adventitious toe of each foot from a young gentleman of vigorous health. Although the operation was not very protracted, and the ether was administered by a discreet medical assistant, derangement followed; nor were my anxieties entirely relieved with regard to these effects before the lapse of six or eight hours.

“If the facts which I have collated are sustained by those of larger experience—if there are constitutional effects as well as immediate to be guarded against, more regard should be given to the habits of the patient, and these agents should surely be reserved for grave and trying emergencies.”

Remote Effects of Anæsthesia on the System.—Dr. FREDERICK D. LENTE records (*New York Journ. Med.*, Nov. 1856) the three following cases, in which anæsthetics appear to have been productive of serious ill consequences, and which have occurred in his practice within the last five years:—

“CASE I. In the summer of 1853, assisted by Dr. Leroy, formerly Resident Surgeon of the New York Hospital, I operated on a boy in apparent good health, eight years old, for contraction of the index and middle fingers of the right hand, the result of the cicatrization of a bone some years previously. As the case required a careful and somewhat protracted dissection of flaps into the palm of the hand, the patient was subjected to the influence of sulphuric ether, administered by Dr. Leroy, on a sponge in the usual way. Nothing remarkable occurred either during the administration of the anæsthetic or during the operation, and but a moderate quantity of blood was lost. The patient soon recovered consciousness, but in a short time he became very feeble, and soon commenced vomiting, although no food had been allowed for seven hours previous to the operation. The pulse commenced sinking rapidly, conscious-

ness being unimpaired. Frictions were at once resorted to, and stimulants attempted, but were immediately rejected by the stomach. The prostration soon became extreme, and dissolution appeared imminent both to Dr. Leroy and myself. Brandy was freely administered by enema, and retained, and, in the course of an hour or two, reaction slowly commenced, but it was not until several hours had elapsed that it was considered safe to dress the wounds, so slowly did the patient recover from the prostration.

"CASE II. This patient, a young man in ordinary health, not robust, æt. about 25, of nervous temperament, wished to have a large number of decayed teeth and fangs of teeth removed. At the request of the dentist who was to operate, I administered sulphuric ether, patient sitting upright in the operating chair, a necessary position during such an operation. The patient had previously been considerably frightened both at the idea of the operation, and of the anæsthetic, although unwilling to undergo the suffering without it; he had accordingly primed himself pretty thoroughly with brandy, but was in nowise intoxicated. Nothing unusual occurred during the administration of the ether, and anæsthesia was induced without difficulty. Six stumps were rapidly and skilfully extracted, say within three minutes, perhaps within two. The patient then showed some signs of returning consciousness, and more ether was administered; anæsthesia was soon re-established, and six more teeth were, with equal rapidity, extracted. The anæsthesia was very complete, but there was no unusual difficulty in recovering the patient, and he was soon able to walk home. A week or two after this, he applied to me, complaining of debility, pain about the head, and dizziness, a disposition to faint and fall down, and various nervous symptoms, which, he said, had troubled him ever since the operation. He was very low spirited and fearful of some serious disease. He, of course, attributed all this to the ether. I endeavoured to divert his mind from this idea, and prescribed change of air and tonics. He went away, but returned within a few weeks not much better. Subsequently he improved, and after a couple of months longer was much better, though still rather nervous and desponding. He afterwards went to the city to reside, and since that time I have not seen him.

"CASE III. W. M., a young gentleman, about 30 years old, in robust health, of temperate habits, was attacked with ulceration of the soft parts of the mouth from pressure of a crowded wisdom tooth; the pain was very severe, causing loss of rest and food. I advised the extraction of the tooth, but the dentist to whom he applied merely cut away the overhanging edges of the ulcer; the inflammation increased and extended to such a degree as to produce almost complete closure of the jaws, with inability to open them. It was absolutely necessary now that the tooth should be extracted as the only means of arresting the inflammation, and it was therefore proposed to etherize the patient in order to allow the jaws to be forced open sufficiently to admit the introduction of a forceps. Sulphuric ether was accordingly administered; the patient came rapidly under its influence, scarcely requiring an ounce and a half, though not entirely unconscious; the jaw was forced open with but little difficulty, and the tooth rapidly extracted by the dentist in attendance. The patient soon recovered, but seemed a little nervous and considerably excited, but expressed himself as entirely relieved from the severe pain he had been suffering. He was advised to go home and lie down for a few hours. He walked home, about a quarter of a mile or more, and followed my advice; but in the afternoon complained that the ether was still in his lungs, and sought to get rid of it by riding and walking. In the evening he was at the house of a friend in gay society, and seemed to enjoy himself, still, however, occasionally complaining of some difficulty about his chest, when, all at once, he fell from his chair, exhibited great restlessness, tossing about of the arms and legs, with great difficulty of breathing, but no loss of consciousness, declaring all the time that he could not get his breath for the ether, and that he should die; his hands and feet were said to be cold. Before I reached him, various restoratives had been applied, and he had been almost drowned by the assiduous application of hot water. It was evident at once that it was a case of violent hysterics, unusually well marked in a male. Patient at times would laugh and joke, then express

fears of impending suffocation, with jactitation, declaring that as vapour of ether was heavier than air, he ought to be held up and allow it to run out of his lungs. As he was rather weighty to allow of convenient inversion, his request was not granted. Large doses of morphine were administered, but had no effect; it was only after several hours that he could be quieted. The next day he was able to be up, but complained of weakness and a disposition to faint on the slightest attempt to walk, also of some difficulty of breathing. This continued for some days, but finally disappeared, and, within ten days, he was apparently in his usual condition. Patient had never previously exhibited any tendency to hysteria."

Placenta Prævia with Twins.—Dr. H. R. STORER communicated the following example of this to the Suffolk District Medical Society, Sept. 27, 1856.

"Two days since (Sept. 25) I was suddenly summoned by Dr. Hobbs to a patient of his own, who was then lying dead. I found the woman, Irish, perhaps 30 years of age, and previously the mother of a single child. She had thought herself about eight months gone, and at intervals, during several weeks, had passed blood from the vagina, with the ordinary symptoms of placenta prævia, which Dr. Hobbs had very properly diagnosed. Labour pains had commenced the night before, and with alarming hemorrhage. Dr. Hobbs was then called, found the patient's strength good, her pains absent, the os but partially dilated, and had plugged the vagina, expecting to be notified of any change for the worse. Hearing nothing from the patient, he answered another obstetric call that night, and visiting his first patient next morning, found her four hours dead from sudden and profuse flooding. Much trouble being made by the friends, who charged him with culpable neglect, I was called in his defence and to deliver the woman.

"The children having been long dead, I preferred doing so by abdominal section rather than *per vaginam*, that I might better study the case. By preliminary vaginal examination, I found the placenta freely bulging through a well-dilated os, but still completely attached throughout its circumference. The abdomen was then opened, and it became at once evident, before incising the uterus, that there were twins. These were both removed from the uterus, with the double placenta, without rupturing the membranes. The larger, a boy of perhaps six pounds, occupied the left side, its head presenting; the other, a girl, presented by the feet. The membranes were completely separate, save within an inch of the placenta, which were fused into one. Each sac filled with liquor amnii, and each funis with the battledoor attachment and to the left—so that that of the right sac was implanted almost at the very line of fusion of the two placenta. These last were situated directly over the os, and were still extensively attached. I was not permitted to remove the uterus, and cannot, therefore, so decidedly speak of the nature of the attachment of the placenta with the uterus as I could wish. My impression, however, is with Madge, as laid down by him in the last number of Braithwaite, that there is no direct vascular communication between the mother and fœtus, but that there is a membranous septum between the placenta and uterine wall. Fragments of such are very evident on inspection of almost any placenta. My belief now is that it exists *entire*. The placenta, in this case, were readily separated from the uterus, and their early and direct removal might have checked the hemorrhage.

"Strangely enough, no case of *placenta prævia with twins* seems ever to have occurred in the practice of any noted accoucheur, or at any lying-in hospital. With only two exceptions,¹ and these from other men's practice and but incidentally mentioned, none are recorded in any work on obstetrics; the possibility even of such a coincidence I can find nowhere referred to.

"There seems, however, *à priori*, no good reason why this coincidence should not occur, and as often, proportionally to the relative frequency of twins, as its occurrence with single children.

"On investigating the matter, I am able by statistics to prove that this is

¹ Levret, Accouch. Lab.; J. Ramsbotham, Pract. Obs.